

THERAPY PROTOCOL **ACHILLES TENDON REPAIR**

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rminations will be based on your personal needs and lifestyle.

	Below are only guidelines. Final determinations v
PHASE 1 GOALS:	 PT to begin post-op week 2 Pain management, protection PWB with crutches in CAM walker (pt may be in post mold NWB with crutches post op week 1-2) PROM and AROM all motions * limit PROM with DF to 0 degrees until week 6
PHASE 2 GOALS:	 Week 3 ROM, quad atrophy minimization, scar in PWB with CAM walker PROM,AROM,RROM Strengthening / isometric plantarflexion and dorsiflexion, light theraband all motions, seated heel

- Strengthening / isometric inversion and eversion, toe curls/flares
- Manual techniques/mobilization
- Modalities / scar massage as wound allows

ation, scar mobility

- exion, light ated heel raise without resistance, stationary bike and SLR x 4
- Neuromuscular re-education, seated balance board
- Manual techniques
- Modalities

PHASE 3 Weeks 4-6

GOALS:

Dorsiflexion to 0 degrees

- Progression to FWB with CAM as tolerated*may be out of CAM in therapy to perform the following
- PROM, AAROM, RROM
- Stretching / standing calf stretch at 6wks
- Strengthening / progress theraband, total gym squats, total gym heel raise at 5-6wks
- Neuromuscular re-education / SLS, balance board bilateral LE
- Manual technique
- Modalities

PHASE 4 Weeks 6-12 GOALS:

Strength progression

- PROM, AROM, RROM
- Stretching
- Strengthening and conditioning / begin gradually, step up/down progression, FWB bilateral heel raise, shuttle heel raise, stationary bike, treadmill, FWB stairmaster
- Neuromuscular re-education / balance board bilateral and unilateral LE
- Manual techniques as needed
- Modalities as needed

PHASE 5: Weeks 12 – 16 if indicated for patient

GOALS: Strength progression

> Strengthening / conditioning, single leg heel raises, treadmill walk with profession to jog, figure eights and cutting after patient can run 20 mins outdoors